

Mail to:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Date Entered:_____.

2005 SOLID WASTE INJECTION WELL ANNUAL REPORT

Administrative Information

Calendar or fiscal year of report:_____
If fiscal year, please provide period covered: From _____ To _____

Facility Name:_____

Facility Mailing Address:_____
(Number & Street, Box and/or Route)

City:_____, State:_____ Zip Code:_____

County:_____

Contact's Name:_____ Phone No.:(_____)_____

Title:_____

Contact's Mailing Address:_____

Contact's Email Address:_____

Owner

Name:_____ Phone No.:(_____)_____

Mailing Address:_____
(Number & Street, Box and/or Route)

City:_____, State:_____ Zip Code:_____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name:_____ Phone No.:(_____)_____

Mailing Address:_____
(Number & Street, Box and/or Route)

City:_____, State:_____ Zip Code:_____

Facility Status

☐

Facility Currently in Operation

☐

Facility Operation suspended Expected Date Operations will Begin_____

☐

Facility Closed

If facility was permanently closed during the year enter date closed:_____

Annual Disposal

Total facility tons:_____ or Gallons :_____

Financial Assurance

Current Closure Cost Estimate:_____

Current Post-Closure Cost Estimate:_____

Current Financial Assurance Mechanism:_____
(ie. Bond, Trust Fund, Corporate or government Test etc.)

Financial Assurance Mechanism Holder:_____

(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: _____

Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ **Title:** _____